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## **Appendix M Review Team Checklist**

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## Appendix M. Review Team Checklist

Test Plan Number: \_\_\_\_\_ Date: \_\_\_\_\_

Test Number: \_\_\_\_\_ Trial Burn Run Number: \_\_\_\_\_

<u>Topic Description</u>	<u>yes/no</u>	<u>Comments</u>
1. Were there any environmental problems?	_____	_____
2. Were the process parameters reviewed IAW Test Plan?	_____	_____
a. Primary Chamber?	_____	_____
b. Secondary Chamber?	_____	_____
c. Pollution Abatement System?	_____	_____
3. Were the emission data reviewed IAW Test Plan?	_____	_____
a. Gas before the PAS?	_____	_____
b. Stack gas?	_____	_____
4. Were the analytical samples collected IAW the Test Plan?	_____	_____
5. Were all other data/reductions reviewed?	_____	_____
6. Test Review Team recommendations to proceed to the next phase or repeat this phase. State reasons.		_____ _____ _____

7. Test Review Team Members (signatures required for each Trial Burn Run):

Project Manager \_\_\_\_\_ Project Coordinator \_\_\_\_\_

Safety Representative \_\_\_\_\_ Environmental Representative \_\_\_\_\_